


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 050 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 368686

1. Entity Name
ALOGA CORPORATION OF FLORIDA



Principal Place of Business
 9942 CORAL WAY
 STE 201
 MIAMI, FL 33165

Mailing Address
 9942 CORAL WAY
 STE 201
 MIAMI, FL 33165

2. Principal Place of Business
 c/o Howard B. Emory
 Suite, Apt. #, etc.
 9100 S. Dadeland Blvd, #910

3. Mailing Address
 P.O. Box 361450
 Suite, Apt. #, etc.

City & State
 Miami, FL

City & State
 San Juan, Puerto Rico

Zip
 33156

Country
 USA

Zip
 00936-1450

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
59-1315017

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CABALLERO, MARCIA B.
 942 CORAL WAY
 MIAMI, FL 33165

7. Name and Address of New Registered Agent
 Name
Howard B. Emory
 Street Address (P.O. Box Number is Not Acceptable)
9100 S. Dadeland Blvd., #910
 City
Miami FL Zip Code
33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **4-17-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining.)

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD	<input type="checkbox"/> Delete NAME GALAN F. MANUEL V. STREET ADDRESS PO BOX 361450 CITY-ST-ZIP SAN JUAN, PR 009361450	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input type="checkbox"/> Delete NAME DE GALAN, ALICIA RIESGO STREET ADDRESS PO BOX 361450 CITY-ST-ZIP SAN JUAN, PR 009361450	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> Delete NAME CARBALLEIRA DE LOPEZ MARIA ROSA STREET ADDRESS PO BOX 361450 CITY-ST-ZIP SAN JUAN, PR 009361450	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> Delete NAME LOPEZ, RAMON L STREET ADDRESS PO BOX 361450 CITY-ST-ZIP SAN JUAN, PR 009361450	TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lopez, Ramon STREET ADDRESS P.O. Box 361450 CITY-ST-ZIP San Juan, PR 00636-1450
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **4/17/03 305-984-5740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF-1034 (10/02)